

Michael Balint — an outstanding medical life

One of the most notable names in general practice, Michael Balint's analysis of the doctor–patient relationship and use of group therapy made him an internationally acclaimed figure.¹

Michael Balint was born Mihály Maurice Bergmann in Budapest, Hungary on 3 December 1896, he was the first of two children of a Jewish GP. He observed his father's practice and from a young age became interested in the doctor–patient relationship. In 1914 he began studying medicine at the Semmelweis University of Budapest, but shortly after was called to the army in the First World War. He served in Russia and later Italy, where in 1916 an injury to his left thumb meant he was able to return home. His main interests as a student were biochemistry and psychoanalysis. On the recommendation of his girlfriend Alice Székely-Kovács, he read Sigmund Freud's *Totem and Tabu*, and began attending the lectures of Sándor Ferenczi, who in 1919 became the world's first Professor of Psychoanalysis. Despite the war interruption, he qualified in 1918 at the early age of 21, and officially changed his name at around this time.

Michael married Alice Székely-Kovács and in 1920 the couple moved to Berlin. He split his working day between the biochemical laboratory of Otto Warburg, the future Nobel Prize recipient, and the Berlin Institute of Psychoanalysis, working with Hans Sachs. Meanwhile, Alice also trained in psychoanalysis and supplemented their meagre income by working in a folklore museum.

The Balints returned to Budapest in 1924, where he continued to work with Ferenczi and started publishing his own work, particularly in psychosomatic medicine. He also started his training and support groups for GPs, which had to be curtailed shortly after a radical right-wing government took power in Hungary in

1932. They viewed psychoanalysis with suspicion, not least because its key figures such as Ferenczi and Balint were Jews, and insisted that police attend meetings to monitor discussions about patients, thus rendering meetings useless. In 1939 the Balints and their son John moved to England, settling in Manchester. Later that year Alice Balint died suddenly from a ruptured aortic aneurysm.

Balint was involved mainly with child psychology during his stay in Manchester, becoming director of the Child Guidance Clinic. He remarried in 1944 but the relationship was not a success and the couple parted soon, though divorce was not finalised until 1952. In 1945 he suffered another personal tragedy when his parents, about to be arrested by the Nazis in Hungary, committed suicide.

1945 was also the year Balint moved to London. He became a British citizen in 1947, and the following year joined the staff of the Tavistock Clinic. It was here that in 1949 he met his future wife Enid Eichholz, and in his fifties eventually found personal contentment, though the couple did not marry until 1958. She was a social worker who worked with psychologists investigating marital problems. He became leader of this, the first eponymous Balint Group, and in 1950 he restarted the supportive group work with GPs that he had begun in Hungary 25 years previously. He served the British Psychoanalytical Society as scientific secretary from 1951–1953, and as President from 1968 until his death.

Balint's most famous work was *The Doctor, His Patient and The Illness*, which was based on the experience of the Tavistock GPs group.² The concepts explored, such as the use of the doctor as a drug and the collusion of anonymity, are well known in the lexicon of modern general practice.

When he reached the age of 65 years in

1961, Balint had to officially stop working as a doctor, although he continued his group work and was able to travel abroad more frequently and disseminate his ideas. These grew in popularity and in 1969 the GPs of the seminal groups founded the Balint Society for the discussion and advancement of his work. The International Balint Federation was founded in 1972. Michael Balint died in London on 31 December 1970, aged 74 years old. Until her death in 1994 Enid Balint continued and expanded his work to include non-psychoanalysts as Balint group leaders.³

Michael Balint's life and work happened recently enough to bear relevance today, yet sufficiently far back to make interesting comparisons with today. I shall offer a critical appraisal of his main legacies, in exploring the doctor–patient relationship and in forming the Balint groups for professional support.

Balint did not invent the doctor–patient relationship; however, he was the first to explore this in the context of general practice, in which that relationship remains central despite the huge social and political changes that have affected the delivery of health care in the half-century or so that has passed. Like Freud, Balint wrote from personal experience in a subjective way that nonetheless has great value, and such creative writing has been a casualty of the primacy that modern medicine places on the randomised controlled trial. An interesting sidetrack is that Balint wrote in English throughout the British phase of his life, a remarkable achievement considering his English was rudimentary until he was in his forties. As general practice has become more technically sophisticated, multidisciplinary and busier, the doctor–patient relationship has inevitably altered; these days it is likely that a counsellor may be asked to assist with some of the psychosocial

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aspects of illness that Balint urged us to explore. A commercially driven, materialistic society has also served to alter our relationship with patients, with defensive medical practice the most extreme example. Yet for all this the empathic awareness of the doctor remains a key tenet of practice.⁴

The first Balint groups in the UK came at a time when the impact of World War II was still fresh; patients, and not a few doctors, had been traumatised. From the patient viewpoint, talking therapy was the only therapeutic option in psychological distress, given that the first antidepressant, imipramine, did not surface until 1957 — the year *The Doctor, His Patient And The Illness* was published. For doctors, the war experience and its aftermath were also dark days — it is a myth that stress in medicine is a modern phenomenon. Many had served in the armed forces and those that entered or resumed general practice met a set-up immeasurably less sophisticated than today. Working single-handed was the norm rather than the exception, and there was little support from nurses, counsellors or deputising services. The support mechanism afforded by Balint groups was therefore timely. Today, these groups of typically between eight and 12 people are frequently used in GP vocational training schemes and are increasingly popular in other specialties and, of course, for ongoing professional support. The International Balint Federation has proved a great success, with over 30 affiliated member states, and holds a biannual congress.

At once a doctor, psychotherapist, teacher, writer and humanist, Michael Balint surely ranks among the most influential medical figures of the 20th century.

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Over the past decade formal training in communication skills has become a prominent feature in the medical school curriculum. Yet patients still return from hospital outpatient clinics or from a spell on the wards with tales of doctors who are rude, patronising or simply incomprehensible. It seems that watching the 'Breaking Bad News' video has not improved many doctors' capacity to impart information — good or bad — or even taught some how to be civil. Indeed, despite all the talking and role-playing, and despite too the growing proportion of supposedly more empathic female doctors, the level of patients' dissatisfaction over their encounters with doctors appears to have increased. This is confirmed by the number of complaints in which failures of communication feature prominently.

The government's response to the failure of instructing medical students in communication skills is not to abandon this approach, but to extend it further — into postgraduate training. The new 2-year Foundation Programme for junior doctors (replacing the pre-registration house officer year and the first year of senior house officer training) requires doctors, 'to demonstrate explicitly that they are competent in a number of areas, including communication and consultation skills, patient safety and teamworking'.¹ Trainees will rotate through a wide range of short-term 'career placements' — including some in general practice — under the direction of personal 'educational' and 'clinical' supervisors.

Manchester geriatric physician Ray Tallis has argued that formal training in communication skills underestimates the inherent difficulties of the doctor–patient relationship, and 'the incommensurability of the personal experience of illness and the scientific understanding of it'.² These inherent difficulties have been exacerbated by the time pressures in contemporary medical practice and by trends which make relations between doctors and patients more impersonal, distrustful and conflictual.

Communications between doctors and patients — especially in general practice — rely on establishing a degree of empathy and trust and are heavily influenced by the past record of mutual interactions. As James McCormick has

wisely observed, communication skills fall into the category of things that can be learned by observation and reflection in clinical situations, not taught in the classroom.³ Indeed the very attempt to teach them in a formal way underestimates the subtleties of doctor–patient contacts which generations of doctors have painstakingly acquired through the sort of apprenticeship system that is now so disparaged. The net effect of the promotion of comic-book communication skills is to elevate the banal while degrading what is profound in medical practice.⁴

One consequence of the new foundation programme is that, by effectively lengthening the period of medical training, it postpones the exposure of junior doctors to situations in which they are required to take clinical responsibility for patients. No doubt, the government justifies this as a measure to improve 'patient safety'. But by reducing opportunities for gaining what Tallis describes as the 'confidence-building experience of taking responsibility', it delays the emergence of a mature medical practitioner. There is a real danger that the new system will produce doctors whose scientific and clinical training has been sacrificed to the cultivation of formal skills of dubious practical value. Will this make patients any safer?

The 'independent GP', competent on qualification, symbolised the confidence of the medical profession in the 19th century. By contrast, the 'never quite competent' doctor, one who requires continuous formal instruction and regulation, monitoring and mentoring, support and counselling, symbolises the abject state of the profession in the new millennium.

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